

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
TI-121US

In Re: Application Of: **Peter A. Liken, Michael J. Bosscher**

Serial No.
09/841,032

Filing Date
04/24/2001

Examiner

Group Art Unit
2855

Title: **SUPPORT RACK FOR VIBRATORY TESTING OF PRINTED CIRCUIT BOARDS**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:

1. a Final Action under 37 CFR 1.113, or
2. a Notice of Allowance under 37 CFR 1.311,

whichever occurs first.

Also submitted herewith is:

- ☐ a certification as specified in 37 CFR 1.97(e);

OR

- ☐ the fee set forth in 37 CFR 1.17(p) for submission of an Information Disclosure Statement under 37 CFR 1.97(c).

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JUL 26 2001

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Title: SUPPORT RACK FOR VIBRATORY TESTING OF PRINTED CIRCUIT BOARDS

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. **10-0270** as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of _____
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Carolyn Zieman

Signature of Person Mailing Correspondence

Carolyn Zieman

Typed or Printed Name of Person Mailing Correspondence

*This certificate may only be used if paying by deposit account.

Peter N. Jansson

Signature

Dated:

7/24/01

Peter N. Jansson, Reg No: 26,185
Jansson, Shupe & Munger, Ltd.
245 Main St.
Racine, WI 53403

CC:

W 44285



Please type a plus sign (+) inside this box → ☒

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application	09/841,032		
	Filing Date	04/24/2001	
	First Named	Peter A. Liken	
	Group Art Unit	2855	
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	TI-121US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard Transmittal of Information Disclosure Statement IDC Form PTO-A820 Cited Documents
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter N. Jansson Jansson, Shupe & Munger, Ltd. 245 Main St., Racine, WI 53403
Signature	<i>Peter N. Jansson</i>
Date	7/24/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: **7-24-01**

Typed or printed name	Carolyn Zieman		
Signature	<i>Carolyn Zieman</i>	Date	7-24-01

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